

MDR Tracking Number: M5-04-3863-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 07-12-04. Date of service 08-22-02, 09-30-02 through 10-23-02 and 11-22-02 through 07-10-03 were not timely filed per Rule 133.308(e)(1) and will not be reviewed by the Medical Review Division.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the prescription medications rendered from 07-25-03 through 05-11-04 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for date of service 07-25-03 through 05-11-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 8th day of September 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

September 2, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:
TWCC #:
MDR Tracking #: M5-04-3863-01
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Osteopathy board certified in anesthesiology and specialized in chronic pain management. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This patient was involved in a fall from a ladder in the work place on _____. Lower lumbar and hip pain complaints followed. Also noted was numbness and paresthesias to lower extremities. Past medical history included an L5/S1 laminectomy and fusion in 1995 with apparent complete subsequent recovery and return to full function. Conservative treatment, including chiropractic care and medical therapy were employed. Several interventional pain procedures were carried out.

DISPUTED SERVICES

Under dispute is the medical necessity of prescription medications from 07/25/03 through 05/11/04.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

There is no documentation of efficacy of the medications questioned in the materials reviewed. No regular notation regarding visual analog scores or any other evaluation criteria is documented. There was also no indication of side effect issues or functional improvement with medications documented within the materials reviewed. Without such information, it is not possible for the reviewer to find the disputed prescription medications to be reasonable or necessary.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,